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APPLICANTS

Nareak Douk, Lowell, MA;
 Nasser Rafiee, Andover, MA;
 Eliot Bloom, Hopkinton, NH;
 Douglas A. Fogg, Merrimae, MA;
 Rany Huynh, Charlestown, MA;
 David D. Barone, Lexington, MA;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/SON H DANG/ Examiner's Signature		Initials		MA	14	34	4

ADDRESS

MEDTRONIC VASCULAR, INC.
 IP LEGAL DEPARTMENT
 3576 UNOCAL PLACE
 SANTA ROSA, CA 95403
 UNITED STATES

TITLE

Cardiac valve annulus reduction system

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